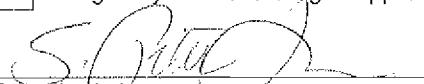


AMENDMENT TRANSMITTAL LETTER				Docket No. 06727/100J782-US5	
Application No. 10/722,589-Conf. #5681	Filing Date November 25, 2003	Examiner M. Bockelman	Art Unit 3766		
Applicant(s): Ehud Cohen et al.					
Invention: TREATMENT OF DISORDERS BY UNIDIRECTIONAL NERVE STIMULATION					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	96	- 96 =	0	x 25.00	0.00
Independent Claims	4	- 4 =	0	x 100.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month; Statutory Disclaimer				575.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				575.00	
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. 04-0100 in the amount of \$. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> Payment by credit card.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 S. Peter Ludwig Attorney/Agent Reg. No.: 25,351					
Dated: _____ July 2, 2007					
DARBY & DARBY P.C. P.O. Box 770 Church Street Station New York, New York 10008-0770 (212) 527-7770					